An
Essay on
Haemoptysis
Respectfully Submitted
To the
Faculty of the
Homoeopathic Medical College
Of Pennsylvania
on
February first Eighteen Hundred fifty five
By
Solomon . Clark . Warren
of
Cooperstown
New York

Hemoptysis

By the term Hemoptysis is generally understood hemorrhage from the lungs or from those structures the respiratory & bronchia. Hemorrhage may take place from any portion of the mucous membrane lining the air passages from the vocal cords to their ramifications in the pulmonary tissue. In the former variety it is termed superficial or laryngeal. The amount of blood lost in Hemoptysis varies greatly. It may be so slight as to permit the patient to expectorate it with the sputa or even less. There are usually some premonitory symptoms to the discharge of blood. The patient has a sense of the most extreme

Haemoptysis

By the term Haemoptysis, is generally understood, a haemorrhage from the lungs, or some of their appendages. the larynx, trachia & bronchia. Haemorrhage may take place from any portion of the mucous membrane lining the air passages; from the air cells. or blood may be discharged in large quantities into the substance of the lungs, and there be little or no discharge externally. In the last variety, it is termed apoplexy of the lungs. The amount of blood discharged in Haemoptysis varies greatly; it may be very slight in quantity. or may amount to several ounces, or even pints. There are usually some premonitory symtoms to the discharge of blood. The following are among the most common:

The patient complains of a fulness, weight and tightness in the whole chest or in some particular portion of it; also of heat, soreness and great oppression. Accompanied with these symtoms is a sensation of tickling or uneasiness in the larynx or trachea which induces a short dry cough, followed by expectoration of blood. The pulse will generally be found excited and double beating. There are frequent palpitations. The patient feels a desire to take a long breath, the face will be found flushed, the countenance anxious, there is more or less headache, and the extremities will generally be found below their normal temperature.

After these symtoms have existed for a longer or shorter period, the haemorrhage ceases and the severity of the symtoms are mitigated,

The Character of the blood discharged, varies, according to the quantity, its precise point of origin, and the length of time it has been detained in the air passages. It is usually bright red and frothy, its frothy character is owing to an admixture of air in the respiratory passages. If the amount be considerable, its frothy character is not so evident, but if it be small in quantity, and has been detained for any length of time in the lungs, it is darker, and more or less coagulated.

Sometimes it is more or less mixed with mucous. If the expectoration present the appearance of mucous streaked with blood, the inference is that the two liquids are from different points of origin, and that the blood proceeds from the bronchia trachea or larynx.

But if blood and mucos are intimately mixed, it is an indication that the two liquids originate from the same point. This intimate mixture produces that is termed rust colored sputa: and is indicative of a very high degree of irritation, or even inflammation.

If the haemorrhage should be considerable, the difficulty of breathing is excessive, attended with a wheezing, rattling sound in the lungs, both during inspiration and expiration, from the passage of air through the effused blood. Occasionally the gush of blood is so sudden, and so great in quantity, as almost to suffocate the patient, producing convulsive efforts of the respiratory muscles to discharge it, and during this act, a quantity may be

thrown into the stomach, and afterwards be discharged by vomiting. When such is the case, we may be led to think of the character of the blood that the patient has haematemesis: but the absence or presence of pulmonary symtoms will generally enable us to arrive at a correct diagnosis.

The course of Haemoptysis varies greatly. The patient may suffer only a single attack, or it may recur in a few hours, days or months, or, it may continue uninterrupted for a longer or shorter period being sometimes better, and sometimes worse. But a patient who has suffered one attack, is extremely liable to a second, especially if the first was in consequence of some organic disease of the lungs or heart.

It is very rarely that haemorrhage from the lungs proves directly fatal. It may however prove fatal where the amount is so sudden, and so copious as to be incapable of being discharged. In such a case death is the result of suffocation. Death may also result where the amount has been so excessive as to produce fatal syncope.

We may often wish to know from what particular part of the respiratory apparatus the haemorrhage proceeds, and here we must be guided by the local symptoms. But the most frequent source of haemorrhage is from the bronchiae and in cases where there are no particular reasons for referring it elsewhere, we may conclude that it proceeds from the bronchiae.

In apoplexy of the lungs it is often difficult and sometimes impossible to form a correct diagnosis. But it may be suspected, when there exists difficulty of breathing amounting almost to suffocation, where the countenance exhibits an imperfect arterialization of blood, and on auscultation and percussion the normal sounds are absent in some particular portion with crepitant rale in the region where dulness is discovered, with coarse mucous sound in the larger tubes, together with expectoration of a reddish frothy mucous; but such an inference is very uncertain. Such cases may be looked upon as extremely alarming and dangerous.

Diagnosis: The haemorrhages with which Haemoptysis may be confounded, are, haematemesis. epistaxis, and haemorrhage from the mouth. We distinguish Haemoptysis from haematemesis, by the dark coagulated condition of the blood in the latter, by its being intimately mixed with the contents of the stomach, and its discharge being effected by vomiting, also its condition being much altered by the action of the acids in the stomach.

In Haemoptysis the blood is of a bright red. frothy, frequently mixed with mucous, never in large coagula, and is discharged by coughing.

The premonitory Symptoms also differ: in the one case they exist in the lungs, or their appendages, in the other, they are refered to the region of the Stomach.

In epistaxis, there are symptoms of congestion to the head. throbbing of the carotid and temporal arteries, redness of the face. sensation of heat. fullness, weight and tickling in the nostrils. and there is not that difficulty of breathing, nor is the blood discharged by coughing, as in Haemoptysis. In epistaxis, the blood is discharged through the nostrils, in Haemoptysis through the mouth

There can be no difficulty in distinguishing it from haemorrhage occuring from the mouth.

The Causes of Haemoptysis are numerous. Among them may be enumerated. Mechanical injuries. blows. falls. violent exertion of the lungs during talking, coughing, sneezing, laughing, playing on wind instruments. the inhalation

of irritating substances. violent muscular exertion.
Sudden diminution of Atmospheric pressure.
the suppression of some accustomed discharge
whether natural or unnatural: the two frequent
use of spirituous liquors. or other stimulating
drinks. It may occur in consequence of a
very highly irritated, or even inflammatory condition
of the mucous membrane. It may come on from
cold or repercurred eruptions. It may be vicarious
to the menstrual flow, and when such is the
case, it usually occurs once a month, and the
character of the blood is sometimes similar to that
which is discharged from the uterus. It is also
the result of the suppression of the haemorrhoidal flux.

But by far the most serious causes are organic
diseases of the heart and lungs, or the larger blood vessels.

Prognosis. In the milder forms which do not depend upon any constitutional cause, the prognosis is generally favourable. But where we have reason to think there exists organic disease of the lungs or heart, or when it occurs in persons of decidedly scrofulous diathesis, our prognosis must be guarded, for a frequent return of Haemoptysis generally results, sooner or later, in Consumption

Treatment

In many cases haemorrhage from the lungs will cease in a short time of itself. our object must be therefore to prevent a return.

The patient should be placed in a quiet, cool room, in a half sitting, half reclining posture. he should not be allowed to make any exertion

or talk more than is absolutely necessary. He should be allowed cold drinks, nothing warm, and if the hands and feet be found cold, they may be placed in warm water.

The remedies which have been found most successful, and which will generally enable us to controll the haemorrhage, are the following. Aconite. Arsenicum. Arnica. Belladonna. China. Pulsatilla. Ipecac. Phosphorus. Opium. Nux Vomica. Ferrum. Rhus. Tinc. Hamamelis. Bryona. Sulphur. Sepia &c. These are not only calculated to arrest haemorrhage, but to prevent a return. I will give some of the indications for the use of the most important of them, or those which are most commonly find sufficient.

Aconite is probably one of our best remedies. where the blood is bright red, frothy, and where it is discharged in considerable quantities. It is further indicated, in young, plethoric subjects of a sanguine temperament, also, where there is great heat, anxiety, restlessness, thirst, tossing about, with palpitation of the heart and increased frequency of the pulse.

It may be administered every ten, fifteen, or twenty minutes if the haemorrhage be considerable, afterwards lengthening the periods as the discharge decreases.

Arnicum is indicated for nearly the same symtoms as Aconite, and may be administered when that remedy fails.

There is great restlessness, dry burning heat, great prostration, and anguish about the heart.

Arnica. is well indicated. when it occurs in consequence of mechanical injuries. lifting heavy weights. or any other exertion. even blowing on wind instruments. The blood is either dark and coagulated, or bright red and frothy attended with a bruised pain in the side, chest and sternum. It is also a very efficient remedy where there has been effusion into the parenchyma of the lungs.

Opium. where it occurs in drunkards. also where there is observed heavy breathing and great anguish

To prevent a relapse. Ars. Nux and Sulphur are very important remedies.

I might proceed to give the indications for the other remedies, but I do not think it necessary.